

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13479

State File No.

FILED MAY 4 1953

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5162</u>		Registrar's No. <u>159</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>0140</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Rural Cleveland Twp.</u> <u>0</u>				c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Hiway 40 1/2 mi. East Lindberg</u>				e. STREET ADDRESS (If rural, give location) <u>4615 Delmar Blvd.</u>			
3. NAME OF DECEASED (Type or Print) <u>Marion</u>		a. (First)		b. (Middle)		c. (Last) <u>LaBrash</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 24/25</u>	
9. AGE (In years last birthday) <u>28</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hiway Transport</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Carson LaBrash</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Josie Wood</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Gorman LaBrash</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Ray</u>		ADDRESS <u>Salem Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fr skull</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Hemorrhage</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>014</u>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Cleveland Twp.</u>		(COUNTY) <u>Callaway</u>		(STATE) <u>Mo.</u>		21d. TIME OF INJURY (Month) <u>4/25/53</u> (Day) <u>12</u> (Hour) <u>01A</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Collision Hiway 40</u>					
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>12:01A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Andrew J. Lamer, M.D.</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Callaway County Mo.</u>		23c. DATE SIGNED <u>4/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 30-1953</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie General Home</u>		ADDRESS <u>Fulton Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 10 1958

JAN 25 1958

MAY 11 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fullon St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.